Mississippi's Division of Medicaid Transition To Community Referral Frequently Asked Questions (FAQs) in relation to the MDS 3.0 Section Q 10/22/10

- 1. Q. Should a referral be made if the resident or Responsible Party (RP) requests to speak with someone regarding the possibility of returning to the community?
 - A. Yes a referral should be made, regardless of payment source (Q0500B would be coded 2 (yes).
- 2. Q. Should a referral be made when an active discharge plan is already in place (a yes response to Section Q0400A)?
 - A. No you would skip to Q0600. If the resident is already planning to return home and the services needed (such as home health and specialized therapy) are being arranged by the facility, Q0600 would be coded 0 as no referral is necessary. However, as time goes by and the interdisciplinary team agree the continued need for long term care necessitates additional resources and/or services for discharge into the community a referral could be made at that time.
- 3. Q. Is a referral appropriate when a resident and/or family member is unsure of the feasibility of discharge?
 - A. Yes. The Local Contact Agency (LCA) will initiate a referral for the individual to be contacted and provided information about resources and services available in the community the resident wishes to transition into.
- 4. Q. Should a referral be made when the resident, family and nursing home interdisciplinary team determines the discharge is not feasible?
 - A. No. The MDS 3.0 instructions are: Q0400B would be coded 2 (Discharge to community determined to be not feasible) and skip to Section V or X.
- 5. Q. Should a referral be made when a resident was in a Medicaid Long Term Care Waiver Program prior to admission to the nursing home for short term therapy?
 - A. Only if it has been greater than 30 days since the resident was admitted to the nursing facility. The Transition to Community Referral form (TCR) should indicate which of the waiver programs the resident was receiving services from prior to nursing facility admission and any additional services currently needed. However, if 30 days, or less, have elapsed since admission, notification to the local PDD is all that is necessary.
- 6. Q. How do I select which of the Medicaid Waiver Programs (MWPs) the resident may qualify for?
 - A. A description of each waiver and the services provided is available in the waiver programs informational pamphlets or the Transition to Community Resource Information pamphlet available on the Division of Medicaid (DOM) website at www.medicaid.ms.gov/LongTermCare.aspx. The services necessary for the resident's safe discharge home should be indicated on the TCR form.
- 7. Q. Would an email message of the disposition determination from the organization/agency of referral be acceptable? A. No. The disposition determination must be returned to DOM on the TCR form.
- 8. Q. Are there instructions for submission of the TCR Form?
 - A. Yes, the link in below the TCR Form link on the DOM website www.medicaid.ms.gov/LongTermCare.aspx Go to TCR form instructions.
- 9. Q. Is the TCR referral process only for Medicaid beneficiaries?
 - A. No. Any nursing facility resident (Medicaid, Medicare, or private pay) that needs assistance and information on available community resources may be referred.

Mississippi's Division of Medicaid Transition To Community Referral Frequently Asked Questions (FAQs) in relation to the MDS 3.0 Section Q 10/22/10

- 10. Q. Should a TCR referral be submitted on all residents, including "short stay" residents?
 - A. No. Referrals should be made only when information and/or assistance for obtaining community resources are needed to assist the resident in returning to the community. Residents that have active discharge plans, a support system and the resources necessary for returning to the community do not need a TCR referral.
- 11. Q. After the resident answers yes to Q0500B, "Do you want to talk to someone about the possibility of Returning to the community?" How many days does the nursing facility have to make the referral?
 - A. The nursing facility must submit the referral to the LCA within 10 business days of the yes response.
- 12. Q. How many days before the referral agency must contact the resident or RP? A. 5 days from receipt of the referral.
- 13. Q. If the resident has not been contacted within 10 business days from the date of the referral, what action should the nursing home staff take?
 - A. Call or email the TCR coordinator at Medicaid phone 1-800-428-2401, 601-359-9529, or email to TCR@medicaid.ms.gov